

Work Order ID 92227

October-23-12 2:40:16 PM

Item ID: 647.1911

Revision ID:

Item Name: Bracket RH

Start Date: 23/10/2012 Start Qty: 6.00

Accept

Required Date: 06/11/2012 Req'd Qty: 6.00

6

6

Reference:

Approvals: Process Plan: MLS

Date: 12-10-24

Tooling: _____

Date: _____

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
647.1300	N/C A	0.00	MP	13/02/06					
110	HAAS CNC VERTICAL MACHINING #1	0.00							
110	Memo	0.00							
Mill Conv	1-Machine per DWG								
Conventional Milling Machine	DWG REV: _____								
	2- deburr and break all sharp edges								
120	QC2- Inspect parts off machine FAI/FAIB	0.00	MP	13/02/13					
120	Memo	0.00	AQ	13-02					
QC									
Quality Control									

92227 (8)

Page 1

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
Part No. _____			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
NCR No. _____														
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data <input type="checkbox"/>														
Equip/Tooling <input type="checkbox"/>														
Operator <input type="checkbox"/>														
Material <input type="checkbox"/>														
Setup <input type="checkbox"/>														
Other <input type="checkbox"/>														
Process <input type="checkbox"/>														
Supplier <input type="checkbox"/>														
Training <input type="checkbox"/>														
Unapproved <input type="checkbox"/>														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
													<input type="checkbox"/> Other	

Work Order ID 92227

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Accept

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6

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6

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

130

QC

Quality Control

Memo

0.00

JUL 13-02-13

6 8

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

140

Outsource4

Outsource process - Anodize

Memo

0.00

Issue P/O: 19280

Black Anodize as per Dwg 646.3800

PL13-03-7

150

Receive & Inspect for Damage & Mat'l Certs

0.00

150

Packaging

Packaging

Memo

0.00

8X

SO 13-49

Page 2

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending		Bend		Grain		Ovalized		Pressure/Forced			
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance		Temperature/Cure			
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect		Weld			
Crushed/Crimped.		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled			
Cuffs		Contamination		Maintenance		Part Moved					
Heat Treat		Countersink		Mislabeled		Positioned Wrong					
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge					
Ripples in Bend		Drill Holes		Offset							
Torque Waves in Extrusion		Drawing		Out of Calibration							
Turning Sequence		Finish		Out of Sequence							
Wave/Twist in Tube		Folio		Outside Dimensions							

Work Order ID 92227

October-23-12 2:40:16 PM

92227

Page 4

Item ID: 647.1911

Accept

Revision ID:

Item Name: Bracket RH

Start Date: 23/10/2012 Start Qty: 6.00

6

Required Date: 06/11/2012 Req'd Qty: 6.00

6

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID
180

180

Packaging

Packaging

Operation
Description
Identify as per dwg & Stock Location: ST543

Set Up/
Run Hours
0.00

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

190

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

8X R.M.D. 13-06-6

13/6/10 SS

NIG-04-1

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset									
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

Picklist Print

October-23-12 2:40:20 PM

Page 1

Work Order ID: 92227

92227

Parent Item: 647.1911

647 1911

Parent Item Name: Bracket RH

Start Date: 23/10/2012

Required Date: 06/11/2012

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A NEW ISSUE 12-10-22 JLM VERIFIED:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
647.1911E		Manufactured	No			f		0.0000		0.841895		**	

647 1911F

Bracket RH

91663

1.6

M.P 13/10/12


NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

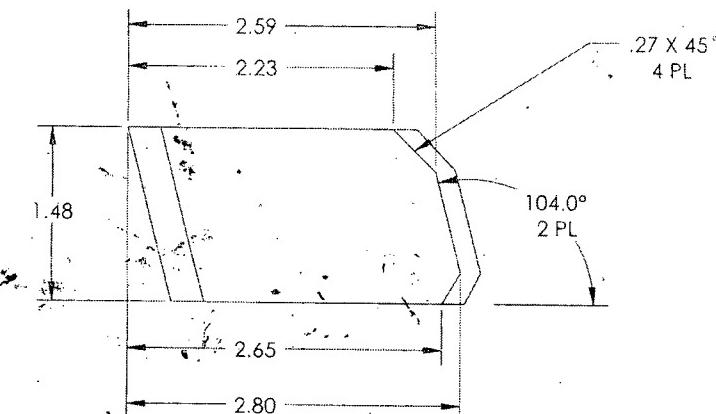
QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

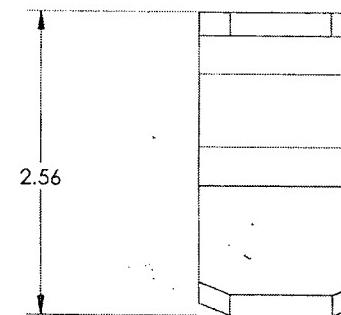
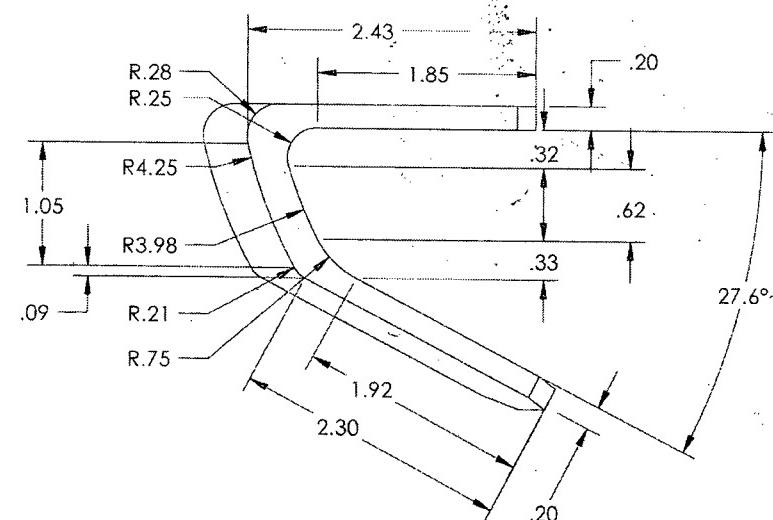
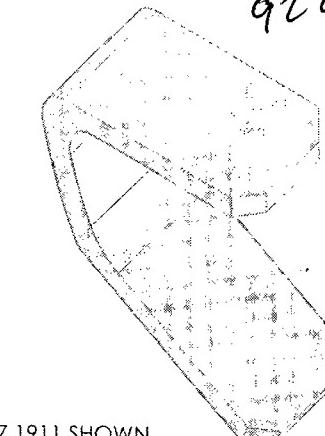


RECOMMENDATION IS MADE BY THE DIRECTOR OF THE STATE DEPARTMENT OF
EDUCATION AND INSTITUTE, IN PART OF WHICH HE HAD A
SOME INFORMATION OF EXISTING SITES IS PREPARED.

92227



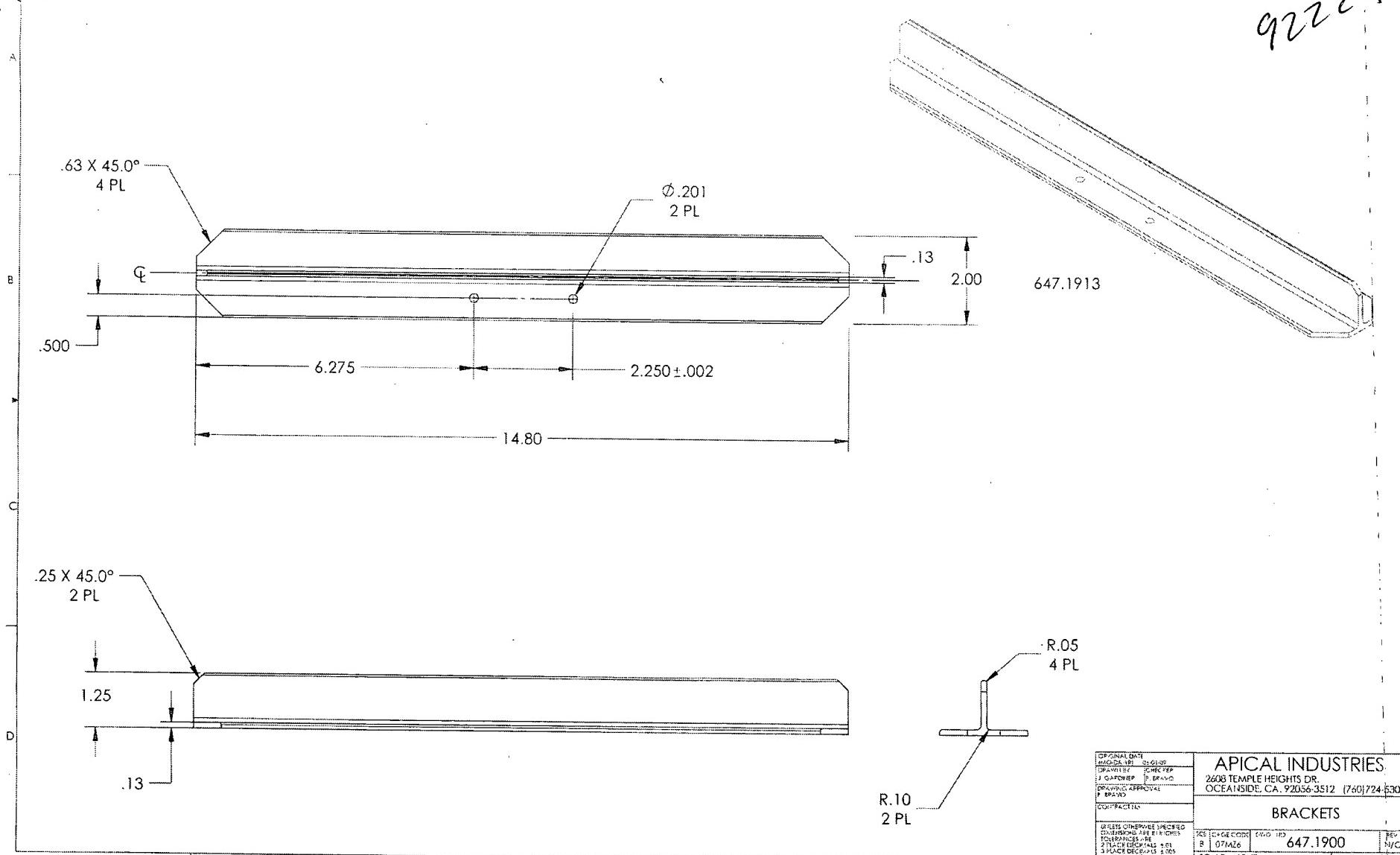
647.1911 SHOWN
647.1912 OPPOSITE



ORIGINATOR DATE 10/20/04	ORIGINATOR GRADE GARAGE	APICAL INDUSTRIES		
DRAWN BY J. GARDNER	INSPECTOR B. BRYAN	2608 TEMPLE HEIGHTS DR.		
DRAWN BY APPROVAL P. BRYAN		OCEANSIDE, CA. 92056-3512 (760)724-5300		
CONTRACT NO:		BRACKETS		
UNLESS OTHERWISE SPECIFIED ALL DRAWINGS ARE IN INCHES 1/8" = 1'-0"				
2 SCALE DECIMALS ± .01 3 DECIMALS ± .001 4 DECIMALS ± .0001				
REV. <td>DATE CODE</td> <td>ENG. NO.</td> <td colspan="2">PEM N/C</td>	DATE CODE	ENG. NO.	PEM N/C	
B	04/04/04	647.1900		
SCALE: NONE		1 SHEET OF 5		

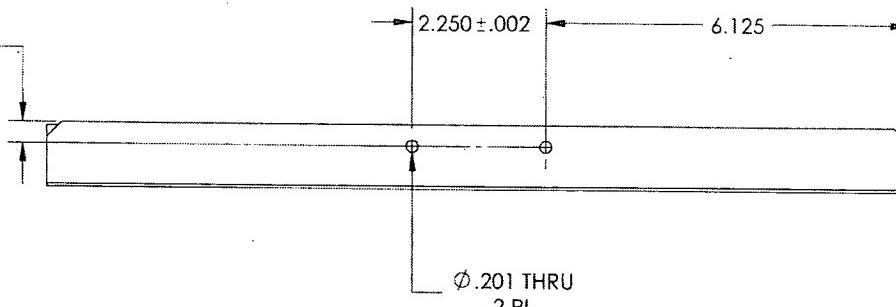
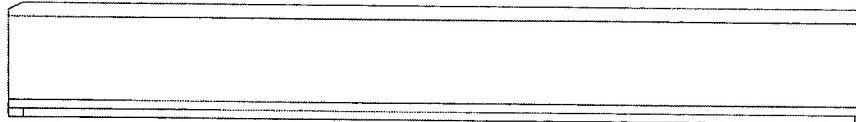
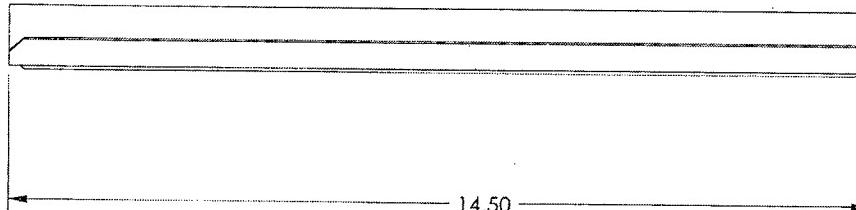
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APICAL INDUSTRIES AND PROTECTED UNDER TRADE SECRET
AND OTHER APPROPRIATE LAW AND ORDINANCES OF CALIFORNIA.

9222X

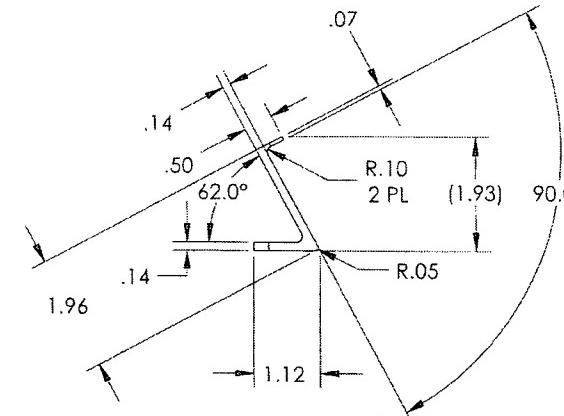
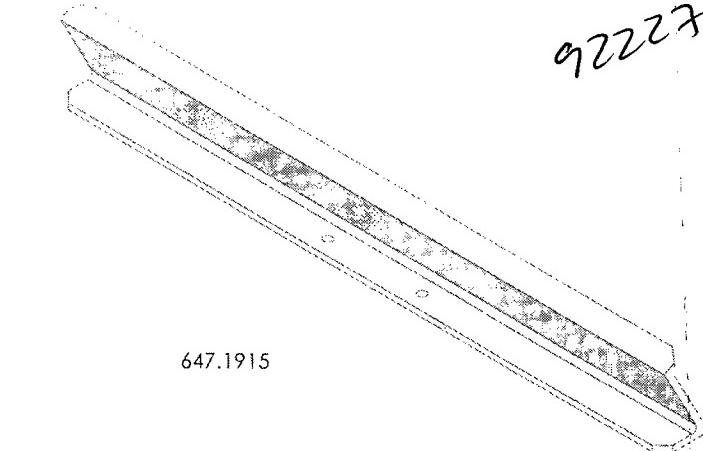


ORIGINAL DATE	MARCH 1981	DESIGNER	
REVISION NUMBER		REVISER	J. GARNER
DESIGN APPROVAL		APPROVING	J. GARNER
COMPARISON			
USES OTHER THAN SPECIFIED			
TOLERANCES ARE			
2 DEGREE DEFORMATIONS & 0.05			
ANGLES & 3°			
REF	E+G+G+G	ENG'D BY	647.1900
S	07M26	REV	N/C
SCALE	NONE	1 SHEET	3 OF 5

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647.1915



CREATED DATE	08/02/02	APICAL INDUSTRIES
CREATOR	J. GARDNER	2608 TEMPLE HEIGHTS DR, OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVAL	P. BRAVO	
CONTRACTOR		BRACKETS
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES. ANGLES IN DEGREES. TOLERANCES ARE: 2 PLACES FOR 0.01 IN. 3 PLACES FOR 0.001 IN. ANGLES ± 5°	REV: CADD CODE: DWG NO: B 07M16 647.1900 N/C	SCALE: NONE SHEET: 5 OF 5



Engineering Change Request (ECR)

ECR# (Assigned by Engineering Dept.): D-12-028

Employee or Customer Name: Jean-Luc Menard

Department or Company Name: DAS Production

Department or Company Phone/Fax/Email: jmenard@dartaero.com

Date: Feb 8th 2013

Subject Drawing/Document: 647.1911/.1912

Problem:

.270" x45 deg dimension is incorrect due to 14 deg angle on part

See attached mark up for details

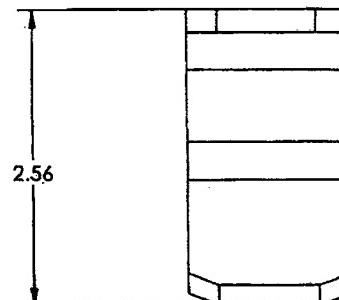
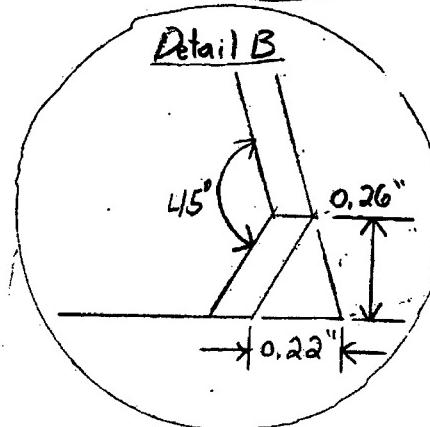
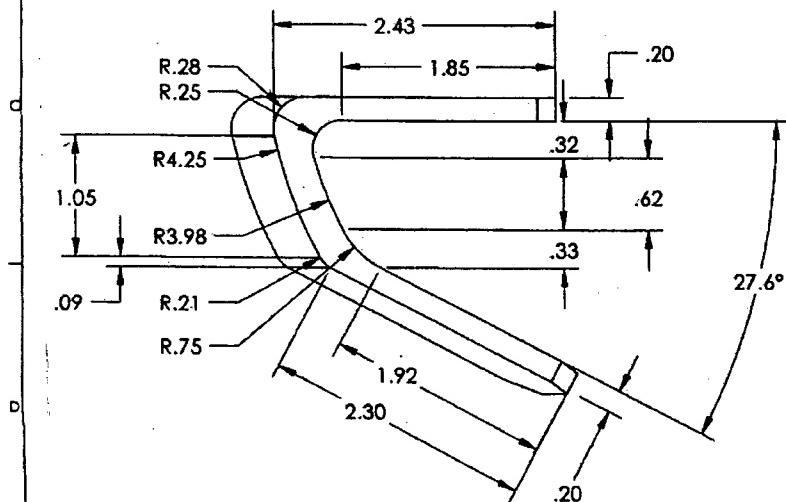
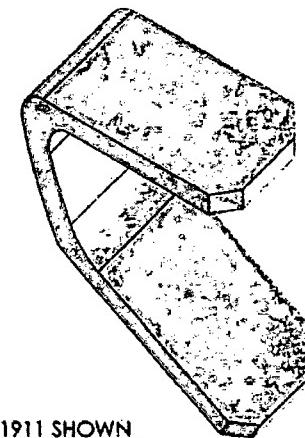
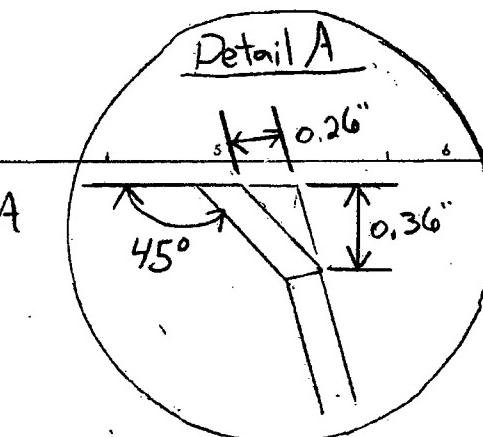
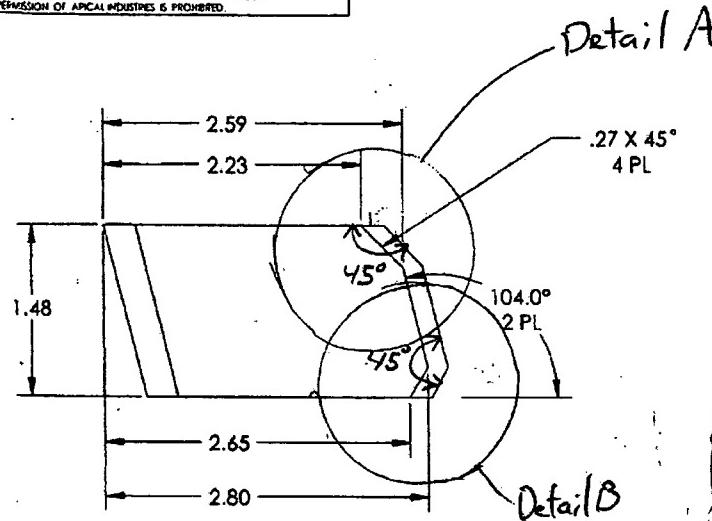
Additional Comments/Clarification:

Engineering Liaison Representative (if applicable):

ECR Approval (Director of Engineering, Director of Operations, Manufacturing Manager or QC Manager):

ECN # (if applicable):

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THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



OPTIONAL SIZE SPECIFICATIONS	APICAL INDUSTRIES 2600 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300
DRAWN BY P. BRAVO	CHECKED BY P. BRAVO
SUPERVISOR APPROVED P. BRAVO	DATE 2000
COLLECTING	RECEIVED 2000
UNLESS OTHERWISE SPECIFIED TOLERANCES ARE ± .015 INCHES DEGREES ° ± 1° 2 PLACE DECIMALS ± .01 3 PLACE DECIMALS ± .005 ANGLES ± .3°	REF. CAD/CAM DWG. NO. 647.1900 REV. M/C SCALE: NONE SHEET 2 OF 5

D-12-028

DART AEROSPACE LTD	Work Order:	92224
Description: 644, 1911 , Bracelet RH	Part Number:	647.1911
Inspection Dwg:	Rev:	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
1.48	± 0.010	1.440	✓		RA-26	Vern
2.23	± 0.010	2.236	✓		RA-26	Vern
2.59	± 0.010	2.600	✓		RA-26	Vern
2.65	± 0.010	2.64	✓		CNC-02	Vern
2.80	± 0.010	2.80	✓		CNC-02	Vern
0.26	± 0.010	0.252	✓		RA-26	Vern
0.36	± 0.010	0.350	✓		RA-26	Vern
0.26	± 0.010	0.240	✓		RA-26	Vern
0.22	± 0.010	0.224	✓		RA-26	Vern
104.0°	$\pm 0.5^\circ$	$103^\circ \cancel{105}$	✓		RA-16	C- SCARE
45°	$\pm 0.5^\circ$	$44^\circ \cancel{45}$	✓		RA-16	C- SCARE
45°	$\pm 0.5^\circ$	44.5	✓		RA-16	C- SCARE

Measured by:	<i>MP</i>	Audited by:	<i>JW</i>	Preliminary Approval:	
Date:	<i>13/02/12</i>	Date:	<i>13-02-13</i>	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada

Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62300

Date: 08-Apr-1

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	Rev:
1 lot	Part: ASST 24 PCS 647.1711 15 PCS 647.1712 31 PCS 647.1910 8 PCS 647.1911 5 PCS 647.7911 12 PCS 647.1710 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130197	PO: 19280 Line:
Certificate of Conformance		
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.		
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE: <u>8/9/13</u>		
CERTIFIED SIGNATURE: <u> </u>		
RECEIVER SIGNATURE: <u> </u>		



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62300

Date: 08-Apr-1

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DATE: <u>8/9/13</u>		
CERTIFIED SIGNATURE: <u>M</u>		
RECEIVER SIGNATURE: _____		